

## PARK CITY MUNICIPAL CORPORATION

445 Marsac Ave. P.O. BOX 1480 PARK CITY, UT 84060 435-615-5225 [business@parkcity.org](mailto:business@parkcity.org)



### SOLICITATION LICENSE APPLICATION

Section 1: General Information-Please fill out completely					
Business Name, DBA			Business Telephone #		
Business Street Address (P.O. Box not acceptable)		City	State	Zip	
Business Mailing Address		City	State	Zip	
Describe in detail what you will be soliciting:					
Utah DBA File Number		Federal ID	Sales Tax Number		State License Number
Business type:					Number of Solicitors
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other _____					
Is your business a home occupation? YES                      NO					
Section 2: Additional Information					
Please list all Managers, Agent for Service of Process, & Owners' names. Please include signatures. Use additional sheets if necessary, following the same format shown below.					
Name		Title	Social Security #		Date of Birth
Home address		City	State	Zip	Home telephone #
Signature			Date		Day telephone #
Name		Title	Social Security #		Date of Birth
Home address		City	State	Zip	Home telephone #
Signature			Date		Day telephone #

Name	Title	Social Security #		Date of Birth
Home address	City	State	Zip	Home telephone #
Signature		Date		Day telephone #
Section 3 Additional Solicitors				

Please include signatures. Use additional sheets if necessary, following the same format shown below.

Name	Social Security #	Date of Birth
Signature		Date
Name	Social Security #	Date of Birth
Signature		Date
Name	Social Security #	Date of Birth
Signature		Date
Section 4-City Code		

I certify under penalty of perjury and license revocation that I am the authorized representative of the property owner; that I have read, know, and fully understand the information and provisions of this license and the accompanying ordinance section governing business licenses; I certify that the information provided and representation made are complete and accurate to the best of my knowledge and my application is in accordance with Park City ordinances. This license shall be VOID if information or representations provided by licensee is incorrect or later changes and I fail to update such information within ten business days of the change of information. I acknowledge and understand the following: 1) that THIS IS NOT A LICENSE, but merely an application for a license to do business within Park City. 2) that if my application is approved, I shall be notified and issued a license certificate which must be displayed at my place of business at all times. 3) that all Business Licenses expire on December 31<sup>st</sup> of the year issued. 4) That the granting of this license to do business within Park City does not discharge or replace any other licensing or registration requirements I may have under City, County, State, or Federal laws.

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

Please initial that you have received a copy of Park City Municipal Codes 4-3-5 & 4-3-6, have read and understand the information provided:

OFFICIAL USE ONLY	
Section 5 City Clearance	
City Clearance & Staff Comments. Photo ID _____ (COPY ATTACHED)	
Police Dept. APPROVED _____ REJECTED _____	SIGNATURE _____ DATE _____
BUILDING DEPT. APPROVED _____ REJECTED _____	SIGNATURE _____ DATE _____
PLANNING DEPT. APPROVED _____ REJECTED _____	SIGNATURE _____ DATE _____
STAFF NOTES: _____ _____ _____ _____ _____ _____	